



## Bridging the Gap for Iowans with Mental Health Issues

Call-in information:  
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### Iowa Mental Health Planning Council Agenda

Wednesday, November 15, 2017

Polk County River Place, 2309 Euclid, Des Moines

9-10 AM – Committee meetings

**Council meeting 10:00 AM to 3 PM**

[http://dhs.iowa.gov/about/mhds-advisory-groups/MH\\_Planning\\_Council](http://dhs.iowa.gov/about/mhds-advisory-groups/MH_Planning_Council)

Please sign the attendance sheet and pick up hand-outs including a reimbursement form.  
Council members will each have a name plate.

**9:00 AM** Committee & workgroup meetings

### Morning Agenda

#### **10:00 AM** Welcome

Confirmation of Quorum (2/3 of 33 members =23) - *those in person and those on the phone*

Rounds – on the phone, in person and in the audience

*September and October minutes approval*

*Council action*

**Election of officers** – Ballot to be presented by Nominations Committee

*Council action*

*Chairperson – Vice-Chairperson – Secretary*

*Have all members whose term expires in 2017 sent notice they want to continue on the Council?*

**Monitoring and Oversight Committee** – nominations and vote for 5<sup>th</sup> member

*Council action*

**Monitoring and Oversight Committee** report

*Jim Rixner*

**IMHPC Children's Committee** – Legislative children's committee report

*Tammy Nyden*

**Report on proposed alternative measures for 18-19 MH Block Grant** – Brad Richardson, Donna Richard- Langer and Todd Noack

Legislative issues – continued discussion

*Teresa Bomhoff*

#### **Noon - Lunch**

### Afternoon Agenda

**1 PM** – Regional Dashboard presentation

*Rose Kim*

**2 PM** - MHDS report

*Theresa Armstrong*

**Public Comment**

**3 PM** Adjournment

The National Association of Mental Health Planning and Advisory Councils website is: [www.namhpac.org/](http://www.namhpac.org/)

#### **Follow-ups for December:**

Children's Legislative Committee report

State Legislative Committee report on Complex Individuals' Treatment Recommendations

## 2017 Iowa Mental Health Planning Council Meetings

Iowa Mental Health Planning Council Calendar of Events		
Wed., January 18	IMHPC meeting	Polk Co. River Place, 2309 Euclid Avenue, DM Room 1
Wed., March 15	IMHPC meeting	Polk Co. River Place, 2309 Euclid Avenue, DM Room 1
Wed., May 18	<b>AM</b> – IMHPC meeting <b>PM</b> – Co-meeting with MHDS Commission	
Wed., July 19	IMHPC meeting – preparations for Upcoming SAMHSA visit	Polk Co. River Place, 2309 Euclid Avenue, DM Room 1
Sept. 1 Sept. 12-13-14	FY 18-19 Mental Health Block Grant due SAMHSA joint visit for 3 days <b>Report to be sent by March 2019 (18 mo)</b>	IMHPC visits with SAMHSA, Wed., Sept. 13 10AM to Noon, Hoover 5 NE Side 2
Wed., September 20	IMHPC meeting	Polk Co. River Place, 2309 Euclid Avenue, DM Room 1
Thursday, October 19	<b>PM</b> - Co-meeting with MHDS Commission	Polk Co. River Place, 2309 Euclid Avenue, DM Room 1
Wed., November 15	IMHPC annual meeting Election of officers	Polk Co. River Place, 2309 Euclid Avenue, DM Room 1
<b>Dec. 1</b>	<b>Implementation Report due</b>	

### Section 2. Quorum

- A. No less than two-thirds of the Council members eligible to vote will constitute a quorum. The number of members eligible to vote if all Council positions are filled is thirty-three (33).
- B. If, during the course of a meeting the number of members present is reduced below a quorum, the meeting may continue but no vote may be taken.
- C. A majority of the quorum is needed to accept any matter put to a vote.

#### Example of email vote:

- we had 32 members as of the meeting on Wednesday, Nov. 16
- 2/3 of 32 members is 22 members – our quorum
- A majority of 22 members is 12 yes's.
- If we have 12 people supporting the proposal – it is approved.

### Employment ideas for Peer specialists

Respite house (crisis stabilization)  
 ACT program  
 Mobile crisis teams  
 Warm line  
 Wellness centers  
     Diversions activities  
     Group learning  
 Integrated health homes  
 Peer bridgers  
     From hospital inpatient units to hand off when discharged (Jason Orent has a business for this level of care)  
 WRAP  
 Prisons – train inmates to be peer specialists – NAMI P2P, Connections – forensic peer specialists in DOC  
 Employer training/supervision of peers  
 Employment after training  
     Need clear job descriptions  
     Pay level too low  
 Help peers to figure out what their niche is  
 Peer specialists working in the jails  
Needed for curriculums for peer specialists to match (MH and SA)  
 3 hours of substance abuse training  
 3 hours of trauma informed training

**The 2016-17 Block Grant priorities are:**

- 1 Children's Mental Health Services and Supports
  - Pull legislative workgroup report together by 12-15-15 - **Achieved**
- 2 Peer Support Services
  - SFY 16 – train minimum of 60 peer specialists for IHH and 50 for provider agencies
  - SFY 17 – train minimum of 25 peer specialists for IHH and 50 for provider agencies
  - Family peer specialists – as of end of 2015 – 2 trainings held, 2 more trainings scheduled
  - **As of July 2017 report, 72 family specialist verifications of completion to date**
  - **As of July 2017 report, 129 peer specialists verifications of completion to date**
  - **Neither includes results of Council Bluffs class**
- 3 Development of crisis services – increase regional services
  - As of 7/1/15, 3 of 15 regions have mobile crisis services – **Achieved – 22 county mobile crisis teams**
  - SFY 16 – 2 more regions have mobile crisis services
  - SFY 17 – 1 more region has mobile crisis services

**Proposed 2017-18 Block Grant priorities were:**

- Building the Mental Health workforce
  - Measure growth/drop in prescribers, other practitioners
  - Development of incentives
  - Development of ACT teams
- Children's services – continuation of legislative children's workgroup
  - Monitoring success of 2016 planning grants for crisis services and learning labs
  - Two RFP's for well-being grants
  - Implementation dollars for crisis services for children and youth
- Peer Support – RFP results from contract with U. of Iowa, CDD
  - Goals # trained
  - Goals # employed – see page 3 for employment ideas
  - Goals – training given to employers
- Law enforcement and first responder training – around the state
- Subacute care development

**Starting on Page 57 of the Grant application - Actual 2018-19 Mental Health Block Grant priorities are:**

**#1 – Services to Individuals with Early Serious Mental Illness (ESMI)**

Performance Indicators:

- 1- ESMI teams will receive in person training from national NAVIGATE consultants
- 2- Increase # of people served by ESMI teams
  - a. FY 17 – 36 individuals
  - b. FY 18 – 55 individuals
  - c. FY 19 – 65 individuals

**#2 – Develop services for individuals with a serious mental illness and other co-occurring conditions that promote community inclusion and utilization of community based services.**

Performance indicators:

- 1- Legislatively mandated workgroup will meet to identify system strengths and gaps in 2017 and submit a report that includes recommendations for system improvements to the legislature by Dec. 15, 2017.
- 2- Individuals with an SMI who are enrolled with an IHH will not be re-hospitalized within 30 days of a hospitalization. (*Baseline for FY 15 – 13%*)
  - a. First year - Less than 13% of members enrolled in an integrated Health Home will have a readmission rate within 30 days of a hospital stay.
  - b. Second year – Less than 13% of members enrolled in an integrated Health Home will have a readmission rate within 30 days of a hospital stay.

**#3 – Services to children with an SED**

Performance indicators:

1. Child serving systems will collaborate to develop well-being collaboratives that promote children's mental health and well-being, including children with an SED or at risk of developing an SED.
  - a. First year – Well-being collaboratives in up to 3 selected areas will submit reports to DHS by December 15, 2017 documenting work done to develop a Children's Well-being Collaboratives
  - b. Second year – nothing listed
2. Children with an SED will receive follow up with a mental health practitioner within 7 days of discharge from inpatient psychiatric hospitalization. (*Baseline CY 15 – 51% received follow up within 7 days*)
  - a. First year – Greater than 55% of individuals will receive follow up within 7 days
  - b. Second year – Greater than 55% of individuals will receive follow up within 7 days